



DELAWARE HEALTH AND SOCIAL SERVICES  
Division of Public Health

# **PLAN REVIEW AND APPROVAL FOR MOBILE FOOD UNITS**

## **REGULATORY REQUIREMENTS AND APPLICATION FORMS**

# REVIEW AND APPROVAL FOR MOBILE FOOD UNITS

## CHECKLIST FOR PLAN SUBMITTALS

Submit the following to:

Plan Review, Office of Food Protection (OFP)

417 Federal Street, Dover DE 19901-3635

Phone number: 302-744-4546; FAX number: 302-739-3839

- [ ] APPLICATION FOR FOOD ESTABLISHMENT PERMIT (USE FORM PROVIDED)
- [ ] SERVICING AREA AGREEMENT (USE FORM PROVIDED)
- [ ] TYPE OF FOOD OPERATION (USE FORM PROVIDED)
- [ ] FOOD PREPARATION REVIEW (USE FORM PROVIDED)
- [ ] MOBILE FOOD UNIT INFORMATION SHEET (USE FORM PROVIDED)
- [ ] PROPOSED OR ACTUAL MENU
- [ ] EQUIPMENT SCHEDULE:  
SPECIFY MANUFACTURERS AND MODEL NUMBERS. CORRELATE EQUIPMENT NUMBERS TO PLANS.
- [ ] TWO COPIES OF THE PROPOSED PLANS FOR THE MOBILE FOOD UNIT  
(DRAWN TO SCALE OF 1/4" = 1 FOOT)  
SHOW THE LAYOUT OF THE MOBILE FOOD UNIT, EQUIPMENT AND ALL RELATED AREAS.
- [ ] FINISH SCHEDULE:  
SPECIFY TYPE, FINISH AND COLOR OF MATERIALS USED ON INTERIOR AND EXTERIOR OF MOBILE FOOD UNIT, INCLUDING FLOORS, WALLS, CEILINGS, COUNTERS, SHELVING, CABINETS, ETC.
- [ ] VENTILATION AND LIGHTING DETAIL:  
DESCRIBE TYPE OF VENTILATION OVER EQUIPMENT AND TYPE OF LIGHTING.
- [ ] PLAN REVIEW FEE  
PER SCHEDULE PAGE 3, UNLESS EXEMPT FROM FEE AS NON-PROFIT ORGANIZATION.

Payment of the following non-refundable fee, made payable to **STATE OF DELAWARE**, is required.

### PLAN REVIEW FEE

FEE IS DUE AT THE TIME OF PLAN SUBMISSION. NON-PROFIT ORGANIZATIONS ARE EXEMPT FROM FEES.  
IF CLAIMING EXEMPTION FROM FEES, ATTACH A COPY OF INTERNAL REVENUE SERVICE (IRS) 501[C][3] LETTER.

Plan Review fees are based on the total square footage (sq ft) of the Mobile Food Unit as follows:

Mobile Food Unit	1,000	sq ft or less	\$	50.00
Mobile Food Unit	1,001 – 5,000	sq ft	\$	100.00

# PLAN REVIEW AND APPROVAL FOR MOBILE FOOD UNITS REGULATORY REQUIREMENTS

## INTRODUCTION

This information packet describes the requirements to open and operate a Mobile Food Unit. This packet does not provide a complete listing of the requirements. To obtain a copy of the State of Delaware Food Code, contact the Plan Review section of the Office of Food Protection (OFP), or one of the following offices of the Environmental Health Field Services (EHFS):

New Castle County:	2055 Limestone Road, Suite 100, Wilmington, DE 19808	302-995-8650
Kent County:	Thomas Collins Bldg, 540 S Dupont Hwy, Dover, DE 19901	302-744-1220
Sussex County:	Georgetown State Service Ctr, 544 S Bedford St, Georgetown, DE 19947	302-856-5496

Submit the following to: Plan Review, Office of Food Protection (OFP)  
417 Federal Street, Dover DE 19901-3635  
Phone number: 302-744-4546; FAX number: 302-739-3839

1. One completed Application for Food Establishment Permit (use form provided)
2. One completed Servicing Area Agreement (use form provided)
3. One completed Type of Food Operation (use form provided)
4. One completed Food Preparation Review (use form provided)
5. One completed Mobile Food Unit Information Sheet (use form provided)
6. Proposed or actual menu
7. Equipment schedule:  
Specify manufacturers and model numbers. Correlate equipment numbers to plans.
8. Two copies of the proposed plans for the Mobile Food Unit (drawn to scale of 1/4" = 1 foot)  
Show the layout of the Mobile Food Unit, equipment and all related areas.
9. Finish schedule: specify type, finish and color of materials used on interior and exterior of Mobile Food Unit, including floors, walls, ceilings, counters, shelving, cabinets, etc.
10. Ventilation and lighting detail:  
Describe type of ventilation over equipment and type of lighting.
11. Plan Review fee, per schedule page 3, unless exempt from fee as non-profit organization.

Plans will be reviewed within thirty (30) working days in the order they are received. If further information is needed, you will be notified. For applicants who wish to apply in person at the Jesse Cooper Building, an appointment is required. Pre-operational inspections are required before issuance of the operating permit and commencement of Mobile Food Unit operations.

Note: The information provided in this packet pertains to review and approval of plans and specification for a "Food Establishment," as defined below. This packet does not pertain to the operation of a "Food Processing Plant," defined in the State of Delaware Food Code as "...a commercial operation that manufactures, packages, labels, or stores food for human consumption and does not deliver food directly to the consumer...(and) does not include a food establishment as defined..." below. For additional information on regulations that apply to a food processing plant, contact the Office of Food Protection at 302-744-4546 prior to beginning operations.

**No construction or alteration shall commence prior to Certificate of Approval issuance.**

**No food operations are approved prior to satisfactory pre-operational inspection.**

## 2. ADMINISTRATIVE INFORMATION FOR PLAN REVIEW OF MOBILE FOOD UNITS

### 2A. AUTHORITY

Title 16 Delaware Code § 122 empowers Delaware Health and Social Services to promulgate and enforce standards to regulate food establishments which may include, but are not limited to, restaurants, caterers, temporary food vendors, grocery stores, food vending machines, ice manufacturers and cottage industries that prepare or handle food for human consumption.

### 2B. DEFINITION

"Food establishment" means an operation that stores, prepares, packages, serves, vends, or otherwise provides food for human consumption: such as a restaurant; satellite or catered feeding location; catering operation if the operation provides food directly to a consumer or to a conveyance used to transport people; market; vending location; conveyance used to transport people; institution; or food bank; and that relinquishes possession of food to a consumer directly, or indirectly through a delivery service such as home delivery of grocery orders or restaurant takeout orders, or delivery service that is provided by common carriers.

"Food establishment" includes an element of the operation such as a transportation vehicle or a central preparation facility that supplies a vending location or satellite feeding location unless the vending or feeding location is permitted by the Division of Public Health; and an operation that is conducted in a mobile, stationary, temporary, or permanent facility or location; where consumption is on or off the premises; and regardless of whether there is a charge for the food.

### OPERATIONS THAT DO NOT REQUIRE A FOOD ESTABLISHMENT PERMIT

1. An establishment that offers only pre-packaged foods that are not potentially hazardous;
2. A produce stand that only offers whole, uncut fresh fruits and vegetables;
3. A food processing plant;
4. A kitchen in a private home if only food that is not potentially hazardous is prepared for sale or service at a function such as a religious or charitable organization's bake sale if allowed by law and if the consumer is informed by a clearly visible placard at the sales or service location that the food is prepared in a kitchen that is not subject to regulation and inspection by the Division of Public Health;
5. An area where food that is prepared as specified immediately above is sold or offered for human consumption;
6. A kitchen in a private home such as a small family day-care provider; or a bed-and-breakfast operation that prepares and offers food to guests if the home is owner occupied, the number of available guest bedrooms does not exceed 6, breakfast is the only meal offered, the number of guests served does not exceed 18, and the consumer is informed by statements contained in published advertisements, mailed brochures, and placards posted at the registration area that the food is prepared in a kitchen that is not regulated and inspected by the Division of Public Health; or
7. A private home that receives catered or home-delivered food; or a private home in which an individual is hired to prepare foods for personal consumption.

## ADMINISTRATIVE INFORMATION FOR PLAN REVIEW OF MOBILE FOOD UNITS (continued)

### **2C. PLAN REVIEW AND APPROVAL**

A permit applicant or permit holder shall submit to the Division of Public Health properly prepared plans and specifications for review and approval, including payment of any required fees, before construction of a food establishment; before conversion of an existing structure to a food establishment; before remodeling and/or renovation of a food establishment; or when there is a change in type of food establishment or food operation.

Plans, specifications and required fees shall be submitted to Plan Review, Office of Food Protection (OFP) before construction, alterations or conversions are begun. No food establishment shall be constructed or undergo physical alterations, nor shall a structure be converted to a food establishment except in accordance with plans and specifications approved by OFP. Plan Review information packets are available from OFP and at Environmental Health Field Services (EHFS) offices in each county.

Payment of the following non-refundable fee, made payable to **STATE OF DELAWARE**, is required:

#### **PLAN REVIEW FEE**

FEE IS DUE AT THE TIME OF PLAN SUBMISSION. NON-PROFIT ORGANIZATIONS ARE EXEMPT FROM FEES.  
IF CLAIMING EXEMPTION FROM FEES, ATTACH A COPY OF INTERNAL REVENUE SERVICE (IRS) 501[C][3] LETTER.  
Plan Review fees are based on the total square footage (sq ft) of the Mobile Food Unit as follows:

Mobile Food Unit	1,000	sq ft or less	\$	50.00
Mobile Food Unit	1,001 – 5,000	sq ft	\$	100.00

### **2D. PRE-OPERATIONAL REQUIREMENTS**

Any person desiring to operate a food establishment shall make written application for a permit, together with the payment of any required fees, on forms provided by the Division of Public Health. No person shall operate a food establishment who does not have a valid permit. Prior to the approval of an application, the proposed food establishment shall be inspected; satisfactory compliance on one or more pre-operational inspections is required prior permit issuance and the start of food preparation. Only a person who complies with the requirements of the regulations shall be entitled to receive or retain such a permit; upon acceptance of the permit, the permit holder shall adhere to the conditions of permit retention.

The operator of the facility, and not the facility itself, is the permit holder. If the owner of the property is not the operator of the food establishment, then the operator, through lease or contract, is required to obtain a permit.

When a food operation changes ownership, management firm, or lessee, both the facility and its operation shall be brought into satisfactory compliance with the regulations prior to the issuance of a permit.

### **2E. PERMITS**

#### **FOOD ESTABLISHMENT PERMIT FEE**

FEE IS DUE UPON RECEIPT OF INVOICE. NON-PROFIT ORGANIZATIONS ARE EXEMPT FROM FEES.  
IF CLAIMING EXEMPTION, A COPY OF INTERNAL REVENUE SERVICE (IRS) 501[C][3] LETTER MUST BE ON FILE.  
Food establishments are charged an annual, non-refundable fee, as follows:

Mobile Food Unit	\$	100.00
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A permit shall only be issued to proposed food establishments that comply with the regulations. Permits are not transferable from person to person, nor from location to location. The permit shall be posted in a location conspicuous for public view. A permit remains valid for one (1) year from the date of issuance, unless the food establishment is permanently closed; or a new owner, management firm, or lessee takes possession; or the permit is suspended or revoked by the Division of Public Health for violations of the State of Delaware Food Code.

**2F. RESPONSIBILITIES OF THE FOOD ESTABLISHMENT PERMIT HOLDER**

**Conditions of Retention of the Food Establishment Permit**

Upon acceptance of the permit to operate a food establishment issued by the Division of Public Health (DPH), the permit holder shall:

1. **POST PERMIT** Post the permit in the establishment in a location conspicuous to consumers;
2. **ALLOW ACCESS** Allow representatives of DPH access to the food establishment during the food establishment's hours of operation and other reasonable times. After the DPH representative presents official credentials and provides notice of the purpose of, and an intent to conduct, an inspection, the person in charge shall allow the DPH representative to determine if the food establishment is in compliance with State of Delaware Food Code ("the Code") by allowing access to the establishment, allowing inspection, and providing information and records to which DPH is entitled according to law;
3. **COMPLY WITH REGULATIONS** Comply with DPH directives including time frames for corrective actions specified in inspection reports and other directives issued by DPH in regard to the permit holder's food establishment. Comply with the conditions of a granted variance, and conditions of approved facility plans and specifications;
4. **COMPLY WITH HACCP PLAN** If a food establishment is required to operate under a Hazard Analysis Critical Control Point (HACCP) plan, comply with the plan as specified in the Code.
5. **ACCEPT NOTICES** Accept notices issued and served by DPH according to law. Be subject to the administrative, civil, injunctive, and criminal remedies authorized in law for failure to comply with the Code or DPH directives, including time frames for corrective actions specified in inspection reports and other directives.
6. **DISCONTINUE OPERATIONS FOR IMMINENT HEALTH HAZARD** Immediately discontinue operations and notify DPH if an imminent health hazard may exist because of an emergency such as fire, flood, extended interruption of electrical or water service, sewage backup, misuse of poisonous or toxic materials, onset of an apparent foodborne illness outbreak, gross insanitary occurrence or condition, or other circumstance that may endanger public health;
7. **REPORT ILL EMPLOYEE** Immediately contact DPH to report an illness of an employee who is diagnosed with norovirus, *Salmonella* Typhi (Typhoid fever), *Shigella* spp., Shiga toxin-producing *E. coli* including O157:H7, or Hepatitis A virus.
8. **REPLACE FACILITIES AND EQUIPMENT** Replace existing facilities and equipment with facilities and equipment that comply with the Code if:
  - a. DPH directs the replacement because the facilities and equipment constitute a public health hazard or nuisance or no longer comply with the criteria upon which the facilities and equipment were accepted,
  - b. DPH directs the replacement of the facilities and equipment because of a change of ownership, or
  - c. The facilities and equipment are replaced in the normal course of operation.

**NOTE**

*This summary of requirements was developed as a guide only, and is not intended to be all-inclusive. Therefore, upon review of submitted plans, the Certificate of Approval may specify additional conditions for operating a food establishment, which may include, but are not necessarily limited to, these requirements.*

## PLAN REVIEW AND APPROVAL REGULATORY REQUIREMENTS FOR MOBILE FOOD UNITS

### **Mobile Food Unit**

A Food Establishment which does not operate at or within a fixed physical location, and does not operate solely in conjunction with an event or celebration; the unit may be a motorized vehicle, trailer, or non-propelled pushcart.

### **Potentially Hazardous Foods**

Foods that are natural or synthetic and that require temperature control because they are in a form capable of supporting the rapid and progressive growth of infectious or toxigenic organisms.

If a Mobile Food Unit serves **only packaged non-potentially hazardous foods**, no Food Establishment operating permit is required. "Packaged" means bottled, canned, cartoned, securely bagged, or securely wrapped, whether packaged in a food establishment or a food processing plant.

Upon the review of plans, specifications, menu and other information for a Mobile Food Unit, the Division of Public Health may modify or waive the requirements described below. Additional information follows on pages 2 and 3.

- |   |  |
|---|--|
| <b>1. <u>Servicing Area Agreement to use facilities at a permitted Food Establishment</u></b> | <b>REQUIRED</b> ( <a href="#">Note 1</a> ) |
| <br>  |  |
| <b>2. <u>Unit Construction</u></b>  | <b>REQUIRED</b>                            |
| 2(A) Complies with structural requirements for design and materials                           | <b>REQUIRED</b> ( <a href="#">Note 2</a> ) |
| 2(B) Screened/closable service openings   | <b>REQUIRED</b> ( <a href="#">Note 2</a> ) |
| 2(C) Self-closing exterior door(s)  | <b>REQUIRED</b> ( <a href="#">Note 2</a> ) |
| <br>  |  |
| <b>3. <u>Plumbing System</u></b>  | <b>REQUIRED</b>                            |
| 3(A) Plumbing installed by licensed plumber under valid plumbing permit                       | <b>REQUIRED</b> ( <a href="#">Note 3</a> ) |
| 3(B) Plumbing system and fixtures subject to inspection                                       | <b>REQUIRED</b> ( <a href="#">Note 3</a> ) |
| <br>  |  |
| <b>4. <u>Water Supply</u></b>   | <b>REQUIRED</b>                            |
| 4(A) Adequate supply of potable water   | <b>REQUIRED</b> ( <a href="#">Note 4</a> ) |
| 4(B) Mobile water tank  | <b>REQUIRED</b> ( <a href="#">Note 4</a> ) |
| 4(C) Hot (110°F min) and cold potable water under pressure                                    | <b>REQUIRED</b> ( <a href="#">Note 4</a> ) |
| <br>  |  |
| <b>5. <u>Sewage Disposal</u></b>  | <b>REQUIRED</b> ( <a href="#">Note 5</a> ) |
| 5(A) Sewage holding tank  | <b>REQUIRED</b> ( <a href="#">Note 5</a> ) |
| 5(B) Sewage transfer at Servicing Area, or other approved facility                            | <b>REQUIRED</b> ( <a href="#">Note 5</a> ) |
| <br>  |  |
| <b>6. <u>Handwashing Facilities</u></b>   | <b>REQUIRED</b> ( <a href="#">Note 6</a> ) |
| 6(A) Handwashing sink   | <b>REQUIRED</b> ( <a href="#">Note 6</a> ) |
| <br>  |  |
| <b>7. <u>Food Equipment and Storage</u></b>   | <b>REQUIRED</b>                            |
| 7(A) Complies with industry standards, i.e. NSF, ETL-S, UL Sanitation                         | <b>REQUIRED</b>                            |
| 7(B) Adequate dry storage to protect food from contamination                                  | <b>REQUIRED</b> ( <a href="#">Note 7</a> ) |
| 7(C) Refrigeration unit(s) to hold product at 41°F or below, or keep frozen                   | <b>REQUIRED</b> ( <a href="#">Note 7</a> ) |
| 7(D) Cooking equipment to attain required time/temperatures                                   | <b>REQUIRED</b> ( <a href="#">Note 7</a> ) |
| 7(E) Food preparation sink, separate from warewashing   | <b>REQUIRED</b> ( <a href="#">Note 7</a> ) |
| 7(F) Hot holding unit(s) to hold prepared foods at 140°F or above                             | <b>REQUIRED</b> ( <a href="#">Note 7</a> ) |
| <br>  |  |
| <b>8. <u>Warewashing and Utensil Storage</u></b>  | <b>REQUIRED</b> ( <a href="#">Note 8</a> ) |
| 8(A) Three compartment warewashing sink   | <b>REQUIRED</b>                            |
| 8(B) Test device to measure chemical sanitizer concentration                                  | <b>REQUIRED</b>                            |
| 8(C) Adequate storage space to prevent utensil contamination                                  | <b>REQUIRED</b>                            |
| 8(D) Single service articles only provided to consumers                                       | <b>REQUIRED</b>                            |
-

## PLAN REVIEW AND APPROVAL REGULATORY REQUIREMENTS FOR MOBILE FOOD UNITS

### 1. Service Area Agreement

An operating base location to which a Mobile Food Unit returns regularly for cleaning of the vehicle, equipment and utensils; discharging liquid and solid wastes; refilling water tanks and ice bins; and replenishing supplies or food and utensils. The servicing area shall be provided with overhead protection, unless only water and sewage are serviced through a closed system.

Unless otherwise approved by the Division of Public Health, the operator of the Mobile Food Unit shall have a written letter of agreement with the permit holder of the Food Establishment to use such premises as a Servicing Area. To function as an operating base for a Mobile Food Unit, the Servicing Area shall be a fixed location Food Establishment with a valid operating permit issued by the Division of Public Health.

**(Note 1:** The requirement for a Servicing Area Agreement may be waived by the Division of Public Health if the Mobile Food Unit is equipped with adequate on-board facilities for food preparation, refrigerated and dry product storage, and for cleaning and sanitizing of utensils and cookware.)

### 2. Unit Construction

A Mobile Food Unit shall comply with the same design, construction, material and installation specifications described in Section 3 "Structural Requirements" in the Plan Review and Approval for Food Establishments.

The Mobile Food Unit shall be equipped with screened or closable consumer service openings, and self-closing solid or screened exterior doors. Upon review, modifications may be approved by the Division of Public Health.

**(Note 2:** Requirements 2(B) and 2(C) may be waived by the Division of Public Health if the Unit is a mobile food cart having no entry into the interior of the Unit, and food is dispensed to the consumer by an operator positioned outside of the Unit.)

### 3. Plumbing System

All plumbing shall be installed by a licensed plumber under a valid, current plumbing permit in accordance with the "State of Delaware Regulations Governing a Detailed Plumbing Code" and in compliance with applicable sections of the "Plumbing Requirements in Food Establishment Kitchens."

**(Note 3:** All plumbing work and fixtures installed on the unit are subject to inspection by the Division of Public Health and the authority having jurisdiction.)

### 4. Water Supply

All handwashing sinks and warewashing sinks installed on a Mobile Food Unit shall be supplied with hot and cold potable water under pressure.

#### Mobile Water Tank

A water tank meeting the following requirements shall be installed on a Mobile Food Unit.

- (1) be constructed of materials, which are safe; durable, corrosion-resistant, and non-absorbent; and have smooth interior surfaces. If not permanently attached, hoses used to convey drinking water shall additionally be approved for drinking water use and clearly and durably identified;
- (2) be enclosed from the filling inlet to the discharge outlet; and sloped to an outlet that allows complete drainage of the tank. The filling inlet shall be ¾" diameter or less and provided with a hose connection of a size or type that will prevent its use for any other service; and
- (3) be equipped with a cap and keeper chain, closed cabinet, closed storage tube, or other approved protective cover or device for the water inlet, outlet, and hose.

#### Alternative Water Supply

In lieu of a mobile water tank, subject to approval by the Division of Public Health, a supply of potable water which meets water quality standards, may be provided through:

- (1) a supply of containers of commercially bottled drinking water; or
- (2) one or more closed portable water containers; or
- (3) piping, tubing, or hoses connected to an adjacent approved source.

**(Note 4:** Requirements 4(B) and 4(C) may be waived by the Division of Public Health if the unit prepares and serves only **non-potentially hazardous foods**.)

## PLAN REVIEW AND APPROVAL REGULATORY REQUIREMENTS FOR MOBILE FOOD UNITS

### 5. Sewage Disposal

A liquid waste holding tank meeting the following requirements shall be installed on a Mobile Food Unit.

Mobile Sewage and Liquid Waste Holding Tank. The sewage holding tank in a Mobile Food Unit shall be sized 15 percent larger in capacity than the water supply tank; and shall be sloped to a drain that is one inch (1") or greater inside diameter and equipped with a shut-off valve.

Sewage and Liquid Waste Removal. Sewage and liquid wastes shall be removed through an approved sanitary sewage system at an approved Servicing Area, or by a sewage transport vehicle, in such a way that a health hazard or nuisance is not created. The sewage retention tank shall be thoroughly flushed and drained in a sanitary manner during servicing operations.

(**Note 5:** Requirement 5(A) may be waived if the Unit is not equipped with mobile water tank.)  
( Requirement 5(B) may be waived if the Unit is not equipped with sewage holding tank.)

### 6. Handwashing Facilities

At least one separate handwashing sink shall be provided on the Mobile Food Unit.

(**Note 6:** On a unit operating under a LIMITED MOBILE permit, such as preparing and serving only unpackaged **non-potentially hazardous foods**, a handwashing station with warm water (picnic jug, cooler, or coffee urn with a tap) with a catch basin and an ample supply of soap and paper towels, or the use of chemically treated towelettes for handwashing, may be approved in lieu of a separate handsink.)

### 7. Food Equipment And Utensils

Equipment and utensils used on a Mobile Food Unit shall comply with the same design, construction, and material specifications in Section 5 "Equipment Requirements" in the Plan Review and Approval for Food Establishments.

Thermometers. One or more approved thermometers to monitor food temperatures while cooking, hot holding, cold holding for display, in refrigeration, and to measure warewashing water temperature shall be provided.

Ventilation. Ventilation devices shall be certified or classified to food equipment industry standards, such as NSF, ETL-Sanitation, or UL Sanitation, and shall be installed to prevent grease or condensation from dripping onto food, equipment surfaces, and utensils. Such devices shall be of sufficient capacity to prevent grease or condensation from accumulating inside the Unit, and to keep the Unit free of excessive heat, steam, vapors, smoke, and fumes. Ventilation systems vented to the outside shall not create a public health hazard or unlawful discharge. Fire extinguishing equipment shall comply with requirements of the authority having jurisdiction.

(**Note 7:** Requirements 7(C) and 7(D) may be waived by the Division of Public Health if the Unit prepares and serves only non-potentially hazardous foods.

Requirement 7(E) may be waived by the Division of Public Health if the menu is limited to the serving of only pre-made foods which require no advance preparation from ingredients, or foods that are prepared from ingredients in advance at the approved Servicing Area.

Requirement 7(F) may be waived by the Division of Public Health if potentially hazardous foods are not prepared in advance, are cooked only to consumer order, and are not held hot prior to serving.)

### 8. Warewashing Facility for Cleaning and Sanitizing, Utensil Storage - adequate facilities required

(**Note 8:** Requirement 8(A) may be modified by the Division of Public Health to approve the installation of a two compartment warewashing sink using a detergent-sanitizer if warewashing is limited to batch operations, i.e. non-continuous operations, and the number of items is limited.

Requirement 8(A) may be waived by the Division of Public Health if the applicant has a Servicing Area Agreement with a permitted Food Establishment, and returns to that Servicing Area for cleaning and sanitizing of cookware and utensils at least every 24 hours, or at an approved frequency determined by equipment characteristics, the type of foods involved, and the nature of Unit operations.



**DELAWARE HEALTH  
AND SOCIAL SERVICES**  
Division of Public Health  
Office of Food Protection

**OFFICE OF FOOD PROTECTION**  
417 FEDERAL ST  
DOVER DE 19901-3635  
PH: 302-744-4546 FAX: 302-739-3839

## APPLICATION FOR PERMIT TO OPERATE A FOOD ESTABLISHMENT

### SECTION A: IDENTIFICATION – Please print legibly in all blocks below, except where signature is required.

1. NAME AND LOCATION OF FOOD ESTABLISHMENT (Enter Street Address. Do Not Use P.O. Box Numbers)

E-MAIL ADDRESS: \_\_\_\_\_

TEL NO. OF ESTABLISHMENT: \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_

FAX NO. \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_

2. NAME AND PERMANENT MAILING ADDRESS OF APPLICANT

3. SEASONAL/TEMPORARY MAILING ADDRESS (IF APPLICABLE)

TEL NO. \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_

TEL NO. \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_

4. MAIL CORRESPONDENCE TO (CHECK ONE): ☐ ADDRESS SHOWN IN **BLOCK #A1** ☐ ADDRESS SHOWN IN **BLOCK #A2**

### SECTION B: CLASSIFICATION

**TYPE OF FOOD ESTABLISHMENT** (CHECK ALL THAT APPLY)

1. ☐ FIXED LOCATION  
2. ☐ MOBILE UNIT (SPECIFY FACILITY USED AS SERVICING AREA \_\_\_\_\_)  
3. ☐ SEASONAL (SPECIFY DATES OF OPERATION \_\_\_\_\_)

♦ IF THIS IS A CHANGE OF OWNERSHIP, INDICATE BELOW THE PREVIOUS FOOD ESTABLISHMENT NAME, IF KNOWN.  
PREVIOUS NAME: \_\_\_\_\_ PREVIOUS BUSINESS ID: \_\_\_\_\_

**TYPE OF PERMIT REQUESTED** (CHECK ALL THAT APPLY)

1. ☐ FOOD SERVICE (RESTAURANT) 2. ☐ RETAIL FOOD STORE 3. ☐ FOOD PROCESSOR  
4. ☐ VENDED FOOD 5. ☐ ICE MANUFACTURING

**TYPE OF BUSINESS ENTITY**

1. ☐ INDIVIDUAL 2. ☐ PARTNERSHIP (NAME: \_\_\_\_\_)  
3. ☐ ASSOCIATION (NAME: \_\_\_\_\_) 4. ☐ CORPORATION (NAME: \_\_\_\_\_)  
5. ☐ OTHER ENTITY (SPECIFY TYPE: \_\_\_\_\_)  
6. INTERNAL REVENUE SERVICE STATUS (CHECK ONE) ☐ FOR PROFIT ☐ NON – PROFIT

NOTE: NON-PROFIT ORGANIZATIONS ARE EXEMPT FROM FEES.

IF CLAIMING EXEMPTION FROM FEES, ATTACH A COPY OF INTERNAL REVENUE SERVICE (IRS) 501[C][3] LETTER.

**FEES:** PLAN REVIEW IS REQUIRED FOR NEW CONSTRUCTION, STRUCTURE CONVERSION TO FOOD ESTABLISHMENT, REMODELING, OR CHANGES IN ESTABLISHMENT TYPE OR FOOD OPERATION TYPE. PLEASE INCLUDE THE REQUIRED NON-REFUNDABLE FEE WITH THIS APPLICATION. MAKE CHECK PAYABLE TO **"STATE OF DELAWARE."**

THE ESTABLISHMENT PERMIT FEE IS NOT DUE UNTIL THE FACILITY IS APPROVED FOR OPERATION. AT THAT TIME, AN INVOICE WILL BE SENT TO THE ESTABLISHMENT APPLICANT.

### SECTION C: CERTIFICATION STATEMENT (APPLICANT SIGNATURE IS REQUIRED BELOW. DO NOT PRINT)

I, THE UNDERSIGNED, IN APPLYING FOR A FOOD ESTABLISHMENT PERMIT, ATTEST TO THE ACCURACY OF THE INFORMATION PROVIDED IN THIS APPLICATION. I AFFIRM THAT THE ESTABLISHMENT WILL BE OPERATED IN COMPLIANCE WITH APPLICABLE "STATE OF DELAWARE REGULATIONS GOVERNING FOOD ESTABLISHMENTS" AND WILL ALLOW AUTHORIZED REPRESENTATIVES OF THE DIVISION OF PUBLIC HEALTH ACCESS TO THE ESTABLISHMENT AND ITS RECORDS, AS MAY BE REQUIRED BY APPLICABLE REGULATIONS.

APPLICANT SIGNATURE X \_\_\_\_\_ DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**FOR OFFICIAL USE ONLY BELOW THIS LINE**

APPLICATION REVIEWED: APPROVED \_\_\_\_\_ DISAPPROVED \_\_\_\_\_ BY \_\_\_\_\_ DATE \_\_\_\_\_

Doc.# 35-05-02/99/09/19

PERMBILL BUSINESS ID (PERMIT) NO: \_\_\_\_\_



**SERVICING AREA AGREEMENT FOR MOBILE FOOD UNIT**

**PART 1**

From (Applicant/Operator): \_\_\_\_\_

I have applied for a Food Establishment permit to operate a Mobile Food Unit or Pushcart,  
in accordance with the requirements set forth in the State of Delaware Food Code.

I agree to conditions set forth in this Section, specifically:

a. The Mobile Food Unit or Pushcart shall operate from a Servicing Area, and shall return regularly for cleaning of the vehicle, equipment and utensils; discharging liquid and solid wastes; refilling water tanks and ice bins; and replenishing supplies, food and utensils; and

b. The Servicing Area used as an operating base for Mobile Food Units or Pushcarts shall possess a valid Food Establishment permit issued by the Division of Public Health, and shall be constructed and operated in compliance with these Regulations.

Signature of Applicant/Operator: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**PART 2**

From: \_\_\_\_\_  
Food Establishment Permit Holder

I agree to allow the above-named operator use of the facilities located at:

\_\_\_\_\_  
Permitted Food Establishment      Facility ID No.      \_\_\_\_/\_\_\_\_/\_\_\_\_  
Permit Exp. Date

\_\_\_\_\_  
Street Address of Food Establishment      City      State      ZIP Code

for servicing operations of a Mobile Food Unit or Pushcart.

Signature of Permit Holder: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

FOR OFFICIAL USE ONLY BELOW THIS LINE

AGREEMENT REVIEWED: APPROVED\_\_\_\_ DISAPPROVED\_\_\_\_ BY\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_



DELAWARE HEALTH  
AND SOCIAL SERVICES  
Division of Public Health  
Office of Food Protection

OFFICE OF FOOD PROTECTION  
417 FEDERAL ST  
DOVER DE 19901-3635  
PH: 302-744-4546 FAX: 302-739-3839

## TYPE OF FOOD OPERATION

APPLICANT: (PRINT) \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

MOBILE FOOD UNIT NAME: \_\_\_\_\_

Changes in the type of food operation may require review and approval of plans and specifications by the Division of Public Health to ensure compliance with current Food Establishment regulations.

☒ Check one or more items below to indicate type of food operation(s)

☐ PREPARATION AND SALE OF NON-POTENTIALLY HAZARDOUS FOOD.\*

☐ PREPARATION, SALE AND SERVICE OF POTENTIALLY HAZARDOUS FOOD;\*  
Only to order upon a consumer's request.

☐ PREPARATION, SALE AND SERVICE OF POTENTIALLY HAZARDOUS FOOD;\*  
In advance, in quantities based on projected consumer demand, and discards food that is not sold or served, at an approved frequency.

☐ PREPARATION, SALE AND SERVICE OF POTENTIALLY HAZARDOUS FOOD;\*  
In advance, in quantities based on projected consumer demand, and discards food using time as the public health control.

☐ PREPARATION, SALE AND SERVICE OF POTENTIALLY HAZARDOUS FOOD;\*  
In advance, where preparation involves two or more of the following steps: combining potentially hazardous ingredients; thawing; cooking; cooling; reheating; hot holding; cold holding; or freezing.

☐ PREPARATION, SALE AND SERVICE OF POTENTIALLY HAZARDOUS FOOD;\*  
In advance, where preparation involves two or more of the following steps: combining potentially hazardous ingredients; thawing; cooking; cooling; reheating; hot holding; cold holding; or freezing.  
For delivery to and consumption at a location off the premises of the food establishment where it is prepared.

☐ PREPARATION, SALE AND SERVICE OF POTENTIALLY HAZARDOUS FOOD;\*  
In advance, where preparation involves two or more of the following steps: combining potentially hazardous ingredients; thawing; cooking; cooling; reheating; hot holding; cold holding; or freezing.  
For service to a highly susceptible population.\*\*

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### DEFINITION OF TERMS

\* Potentially Hazardous Food : food that is natural or synthetic and that requires temperature control because it is in a form capable of supporting the rapid and progressive growth of infectious or toxigenic organisms.

\*\* Highly Susceptible Population: a group of persons who are more likely than other populations to experience foodborne disease because they are immunocompromised, or older adults and in a facility such as a hospital or nursing home, or preschool age children in a facility such as a day care center.



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## FOOD PREPARATION REVIEW

### 1. IDENTITY OF FOOD PREPARATION REVIEW

Name of Mobile Food Unit \_\_\_\_\_

Applicant \_\_\_\_\_

Address of Applicant \_\_\_\_\_

Phone: \_\_\_\_\_

### 2. FOOD ESTABLISHMENT OPERATING CHARACTERISTICS

A. Total square footage of Mobile Food Unit: \_\_\_\_\_ SQ FT

B. Number of floors on which food operations are conducted: \_\_\_\_\_ FLOOR(S)

C. Type of meal service to be provided: (Check all that apply)

<input type="checkbox"/> Take Out Food	<input type="checkbox"/> Seated Dining
<input checked="" type="checkbox"/> <b>Mobile Food Unit</b>	<input type="checkbox"/> Delivery of Prepared Food
<input type="checkbox"/> Catering on premises	<input type="checkbox"/> Catering off premises
<input type="checkbox"/> Highly Susceptible Population* (see definition below)	

\* Highly Susceptible Population: a group of persons who are more likely than other populations to experience foodborne disease because they are immunocompromised, or older adults and in a facility such as a hospital or nursing home, or preschool age children in a facility such as a day care center.

D. Number of seats for dining: Interior \_\_\_\_\_ Exterior \_\_\_\_\_

E. Hours of operation:  
Sun \_\_\_\_\_ Mon \_\_\_\_\_ Tue \_\_\_\_\_ Wed \_\_\_\_\_ Thu \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_

If seasonal, specify approximate dates of operation:  
From \_\_\_\_\_ To \_\_\_\_\_

F. Approximate daily maximum number of meals to be served:  
Breakfast: \_\_\_\_\_ Lunch: \_\_\_\_\_ Dinner: \_\_\_\_\_

### 3. FOOD HANDLING PROCEDURES

*In each of the following sections, please provide a brief description of your standard procedures to ensure that food is safe, unadulterated, and honestly presented when offered to the consumer. Please use additional sheets, if necessary.*

#### A. Receiving Approved Source

How will you ensure that all foods are purchased from inspected and approved sources, such as retail store, purveyor, commercial processor, etc.?

#### B. Storage Protection from Contamination, Refrigerated and Frozen

How will you ensure that foods are maintained at 41°F or below, or frozen food maintained frozen?

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## FOOD PREPARATION REVIEW

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How will you prevent cross-contamination between raw foods (meats, poultry, seafood) and cooked ready-to-eat foods?

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### C. **Preparation** Protection from Contamination

How will frozen foods be thawed before cooking?

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How and where will foods (meat, poultry, seafood, produce) be washed and rinsed on-premises?

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How will you minimize the time foods are in the Danger Zone (41°F - 140°F) during preparation?

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How will ready-to-eat foods made by combining ingredients, such as tuna or chicken salad, be chilled after preparation?

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### D. **Cooking** Destruction of Organisms

How will you measure the required final cooking temperatures of potentially hazardous foods (thermometers, etc)?

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### E. **Service** Limiting Growth of Organisms

How will hot foods be maintained at 140°F or above during hot holding for service (steam tables, warmers)?

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How will cold foods be maintained at 41°F or below during cold holding for service (cold pan units, buffet tables, etc)?

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### F. **Cooling** Limiting Growth of Organisms

How will foods be cooled from 140°F to 70°F within 2 hours and from 70°F to 41°F within 4 hours (ice bath, etc.)?

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### G. **Reheating** Limiting Growth of Organisms

Describe how foods for hot holding will be rapidly reheated to 165°F for 15 seconds within 2 hours (range, microwave).

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### H. **Disposal** Segregation and Disposition of Distressed or Contaminated Food

Describe the location for separation of contaminated/distressed foods. Describe your procedures to discard foods from unapproved sources, adulterated foods, and foods contaminated by employees or consumers.

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Thank you for completing this Food Preparation Review. For information concerning food safety principles involved in these procedures, consult <u>State of Delaware Food Code</u> , or contact Office of Food Protection, telephone 302-744-4546.
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**PLAN REVIEW AND APPROVAL  
FOR  
MOBILE FOOD UNITS**

**MOBILE FOOD UNIT INFORMATION SHEET**

Name of Mobile Food Unit \_\_\_\_\_

Address Where Housed \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Applicant \_\_\_\_\_

Address of Applicant \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

**GARBAGE AND REFUSE STORAGE AND DISPOSAL:**

Container for indoor refuse storage provided? Yes\_\_\_\_ No\_\_\_\_

**OUTER OPENINGS** - Doors and windows

All openings protected from vermin entry by use of doors/screens? Yes\_\_\_\_ No\_\_\_\_

All outer doors self-closing? Yes\_\_\_\_ No\_\_\_\_

All openings in the unit properly caulked or sealed? Yes\_\_\_\_ No\_\_\_\_

**INDOOR AREAS (Floors):** List type of materials

Food Preparation Area: \_\_\_\_\_

Food Storage Area: \_\_\_\_\_

Warewashing Area: \_\_\_\_\_

Grease-resistant material, impervious, easily cleanable? Yes\_\_\_\_ No\_\_\_\_

Floor and wall junctures coved? Yes\_\_\_\_ No\_\_\_\_

**INDOOR AREAS (Walls):** List type of materials

Food Preparation Area: \_\_\_\_\_

Food Storage Area: \_\_\_\_\_

Warewashing Area: \_\_\_\_\_

Light color? Yes\_\_\_\_ No\_\_\_\_

Walls washable to level of splash? Yes\_\_\_\_ No\_\_\_\_

Materials smooth, easily cleanable? Yes\_\_\_\_ No\_\_\_\_

Exposed piping, etc. in food preparation areas and storage areas Yes\_\_\_\_ No\_\_\_\_

**INDOOR AREAS (Ceilings):** List type of materials

Food Preparation Area: \_\_\_\_\_

Food Storage Area: \_\_\_\_\_

Warewashing Area: \_\_\_\_\_

Light color? Yes\_\_\_\_ No\_\_\_\_

Materials smooth, easily cleanable? Yes\_\_\_\_ No\_\_\_\_

Exposed piping, etc. in food preparation areas and storage areas? Yes\_\_\_\_ No\_\_\_\_

INTERIOR LIGHTING: (Minimum illumination intensities required)

50 foot-candles provided on all food preparation surfaces? Yes\_\_\_\_ No\_\_\_\_  
 20 foot-candles provided inside equipment, in handwashing and warewashing areas, in storage areas? Yes\_\_\_\_ No\_\_\_\_

10 foot-candles provided in all other areas? Yes\_\_\_\_ No\_\_\_\_

Safety shields provided for all lights in food preparation, service, storage, display areas, and where equipment and utensils are cleaned and stored? Yes\_\_\_\_ No\_\_\_\_

Area designated for damaged, spoiled or recalled products? Yes\_\_\_\_ No\_\_\_\_

Live animals excluded from food operations and adjacent areas? Yes\_\_\_\_ No\_\_\_\_

Separated or partitioned facilities provided for storage of poisonous and toxic materials? Yes\_\_\_\_ No\_\_\_\_

All plumbing to be installed by a licensed plumber with a current permit, and complies with applicable local, state and national plumbing codes? Yes\_\_\_\_ No\_\_\_\_

Water pressure at least 20 pounds per square inch in all areas? Yes\_\_\_\_ No\_\_\_\_

All plastic potable water lines NSF-PW approved or equal? Yes\_\_\_\_ No\_\_\_\_

Backflow prevention device on all hose connections? Yes\_\_\_\_ No\_\_\_\_

All food equipment and fixtures installed to preclude the possibility of back siphonage? Yes\_\_\_\_ No\_\_\_\_

Waste drainlines from equipment indirectly connected through air gap to sewer? Yes\_\_\_\_ No\_\_\_\_

Utility service lines installed in compliance with all applicable codes? Yes\_\_\_\_ No\_\_\_\_

Utility service lines installed inside walls, or installed with stand-off brackets to provide minimum 1 inch clearance between line and wall? Yes\_\_\_\_ No\_\_\_\_

Exposed overhead wastewater or sewer lines located in food preparation areas or storage areas? Yes\_\_\_\_ No\_\_\_\_

Joints formed by plumbing fixtures mounted on walls or floors sealed with approved sealant? Yes\_\_\_\_ No\_\_\_\_

Fixtures sealed to walls and floors, or a minimum clearance of 1 inch provided? Yes\_\_\_\_ No\_\_\_\_

Handwashing sinks provided in areas as required? Yes\_\_\_\_ No\_\_\_\_

Three-compartment warewashing sink with integral drainboards on both sides provided? Yes\_\_\_\_ No\_\_\_\_

HOT WATER SUPPLY

Brand name and model no. of hot water heater\_\_\_\_\_

Temperature/Pressure Relief Valve installed on water heater? Yes\_\_\_\_ No\_\_\_\_

Storage capacity of hot water heater\_\_\_\_\_ (US Gallons)

Input rating      Gas \_\_\_\_\_(BTU)      Electric \_\_\_\_\_(KW)

**EQUIPMENT**

Did you provide the manufacturer's name and model number of all equipment?\*

Yes\_\_\_\_ No\_\_\_\_

**VENTILATION**

Exhaust hoods and fire suppression systems constructed and installed according to applicable codes?

Yes\_\_\_\_ No\_\_\_\_

Ventilation system and exhaust fans installed in such a manner so as not to create a nuisance or health problem at point of discharge?

Yes\_\_\_\_ No\_\_\_\_

**WORK SURFACES**

Food contact surfaces safe, durable, corrosion-resistant, nonabsorbent, smooth and easily-cleanable?

Yes\_\_\_\_ No\_\_\_\_

Non-food contact surfaces constructed of corrosion-resistant, nonabsorbent, and smooth materials?

Yes\_\_\_\_ No\_\_\_\_

**DISPLAY**

Sneeze guards, food shields, or other devices provided where required? Yes\_\_\_\_ No\_\_\_\_

**STORAGE**

Cubic feet of refrigerated storage: \_\_\_\_\_

Cubic feet of frozen food storage: \_\_\_\_\_

Square footage of dry and canned food storage: \_\_\_\_\_

Facilities (racks and shelving) provided for food storage 6 inches above floor, or 12 inches above floor if shelves exceed 24" depth?

Yes\_\_\_\_ No\_\_\_\_

Exposed sewer and exposed water lines or waste water lines over food storage areas?

Yes\_\_\_\_ No\_\_\_\_

**MOBILE FOOD UNIT LAYOUT PLAN** (Two copies are required for review) Scale: 1/4" = 1 foot

Did you provide two copies of the floor plan, showing locations of all equipment listed above?\*

Yes\_\_\_\_ No\_\_\_\_

**MENU**

Did you provide a menu or complete list of all foods and beverages to be served?\*

Yes\_\_\_\_ No\_\_\_\_

Did you provide all applicable information in the Food Preparation Review?\*

Yes\_\_\_\_ No\_\_\_\_

Did you complete the Type of Food Operation sheet?

Yes\_\_\_\_ No\_\_\_\_

(X) \_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name of Applicant**

\_\_\_\_\_  
**Name of Food Establishment**



## MOBILE FOOD UNIT EQUIPMENT SCHEDULE

NAME OF MOBILE FOOD UNIT:

DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

SUBMITTED BY:

ITEM NO.	ITEM DESCRIPTION	MANUFACTURER	MODEL NO.
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

(USE ADDITIONAL SHEETS, IF NECESSARY, TO CONTINUE EQUIPMENT SCHEDULE)

NAME OF UNIT: \_\_\_\_\_ Submitted by: \_\_\_\_\_